APPLICATION FOR MONTAUK PLAYHOUSE GYM

1.	APPLICANT'S INFORMATION:
	a) Today's Date:
	b) Name & Address of applicant:
	c) Phone: Fax: Cell:
	d) Name & Address of Organization:
2.	NATURE OF USE & PERTINENT INFORMATION:
	e) What is the intended use of the gym:
	f) Dates requested:
	g) Fee (per hour):
	h) Day & Time of Day requested (Circle Choice below):
	7-8-9-10-11 AM 12Noon 1-2-3-4-5-6-7-8-9PM
	7-8-9-10-11 AM 12Noon 1-2-3-4-5-6-7-8-9PM
	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
	i) Average number of persons in attendance: Max 80
	j) Certificate of Insurance attached? (Circle One) Yes No N/A
	Use of the gym is restricted to intended use of the gym. Granting of this permit will NOT MEAN EXCLUSIVE use of the facility. The Playhouse management reserves the right to enforce and adjust the regulation established herein to meet the requirements of special groups. Permits holders are not allowed to alter the facilities in any way. Managers, coaches and players are responsible for keeping gym bathrooms/locker rooms clean and picking up the trash, (cups, water bottles, wrappers, etc.). Make sure that all litter is placed into proper waste receptacles. It is everyone's responsibility to help keep our Building Clean!
4.	Hampton, including but not limited to Chapters 185, 167, 240, 82 and 91 of the Town Code. The applicant further understands that failure to comply with the applicable portions of the Town Code may result in fines and /or penalties. If the applicant fails to adhere to the rules and regulations of this permit, a warning will be issued. A second offense will result loss of facility usage.
	Date: (Applicants Signature)
	(Applicants Signature)
	Approved by Date:

TOWN OF EAST HAMPTON

WAIVER OF LIABILITY

PLEASE FILL IN ALL INFORMATION BELOW!!!!!

As a responsible person for I hereby accept (group name) responsibility for the above groups usage of the Town of East Hampton's Montauk Playhouse Community Center Gym. In doing so, I understand that physical activities such as these sometimes result in accidespite the best efforts of the organizer to supervise the participants. I accept any med bills resulting from such an accident as solely my responsibility.	lont
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Further, in permitting the teams' participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting wih the program as well as its elected a appointed officials, harmless from liability resulting from, my teams participation in t gym.	nd he
VERY IMPORTANT TO FILL OUT CLEARLY:	
- SAMAN TO TILL OUT CLEARLY:	
Organization:	
Address:	
Telephone:	
Cell#:	
Date:	